LOMOTIL®

tablets/liquid

controls diarrhea

Each tablet and each 5 cc. of liquid contains:
diphenoxylate hydrochloride .....2.5 mg.
(Warning: May be habit forming)
atropine sulfate .....0.025 mg.

In six published studies[1-6] detailed results are given on the use of Lomotil in 111 patients with chronic ulcerative colitis. They show that Lomotil gave satisfactory to "excellent" control of diarrhea in more than two-thirds of these patients. As the disorder advances and destroys bowel musculature, the motility-lowering action of Lomotil, understandably, has less effect.

The successful use of Lomotil in a disorder as exceedingly difficult to treat as moderate ulcerative colitis emphasizes again its unsurpassed antidiarrheal effectiveness in these more common conditions:

- **Gastroenteritis**
- **Acute infections**
- **Spastic colon**
- **Drug induced diarrhea**
- **Functional hypermotility**

For correct therapeutic effect
Rx correct therapeutic dosage

Dosage: **The recommended initial daily dosages, given in divided doses until diarrhea is controlled, are:**

Children: Total Daily Dosage

3-6 mo...½ tsp.*t.i.d. (3 mg.)
6-12 mo..½ tsp. q.i.d. (4 mg.)
1-2 yr....½ tsp. 5 times daily (5 mg.)
2-5 yr....1 tsp. t.i.d. (6 mg.)
5-8 yr....1 tsp. q.i.d. (8 mg.)
8-12 yr...1 tsp. 5 times daily (10 mg.)
Adults: 2 tsp. 5 times daily (20 mg.) or 2 tablets q.i.d.

*Based on 4 cc. per teaspoonful.
Maintenance dosage may be as low as one-fourth the initial daily dosage.

Precautions: **Lomotil is a federally exempt narcotic preparation of very low addictive potential. Recommended dosages should not be exceeded, and medication should be kept out of reach of children. Should accidental overdosage occur signs may include severe respiratory depression, flushing, lethargy or coma, hypotonic reflexes, nystagmus, pinpoint pupils and tachycardia. Lomotil should be used with caution in patients with impaired liver function or those taking addicting drugs or barbiturates.**

Side Effects: **Side effects are relatively uncommon but among those reported are gastrointestinal irritation, sedation, dizziness, cutaneous manifestations, restlessness, insomnia, numbness of the extremities, headache, blurring of vision, swelling of the gums, euphoria, depression and general malaise.**

even in ulcerative colitis...

characterized by:
— diarrhea, cramps, tenesmus
— bloody, mucoid, purulent stools

1. Barowsky, H., and Schwartz, S. A.: J.A.M.A. *180*:1058-1061 (June 23) 1962. 2. Cayer, D., and Sohmer, M. F.: N. Carolina Med. J. 22:600-604 (Dec.) 1961. 3. Hock, C. W.: J. Med. Ass. Georgia 50:485-488 (Oct.) 1961. 4. Van Derstappen, G., and Vandenbroucke, G.: Med. Klin. 56:962-964 (June 2) 1961. 5. Merlo, M., and Brown, C. H.: Amer. J. Gastroent. 34:625-630 (Dec.) 1960. 6. Weingarten, B.; Weiss, J., and Simon, M.: Amer. J. Gastroent. 35:628-633 (June) 1961.

SEARLE *Research in the Service of Medicine*

Your Blue Shield Patient's Calling Card

If he forgets to show it to you, ask to see it.

Then, simply match the *suffix* included on the UMS Identification Card with the *suffix* listing on pages 12-13 of your copy of the UMS schedule of allowances booklet. In most instances, you'll know right away what is and is not included in the patient's contract.

This simple step will save you time and cut down on your paperwork—particularly in the case of—

- UMS subscribers with the older contracts which do not generally include services (such as anesthesia, diagnostic x-rays, radiation therapy for benign conditions) that are a basic part of newer, more up-to-date UMS contracts.
- patients who are not actually members of UMS, Greater New York's Blue Shield.

By checking the suffix guide, included for your convenience in the UMS schedule of allowances booklet, you'll be able to eliminate the unnecessary filling out of UMS medical report forms for services not included in the coverage of UMS patient/subscribers and for your patients who are not UMS subscribers.

GREATER NEW YORK'S
BLUE SHIELD
UNITED MEDICAL SERVICE, INC.
Two Park Avenue, New York 16, N.Y.

The Bulletin of The New York Academy of Medicine, Vol. 43, No. 9, September, 1967. Published monthly by The New York Academy of Medicine, 2 East 103 Street, New York, N. Y. 10029. Entered as second-class matter February 3, 1928, at the Post Office at New York, N. Y., under the act of August 24, 1912. Postage paid at New York, N. Y. Annual subscription United States $10.00. Canada $11.00. All other countries $12.00. Single copies $2.00.

when bursitis hits a 280-lb. tackle, hit back with Butazolidin alka

Indications: Osteoarthritis, rheumatoid arthritis, rheumatoid spondylitis, psoriatic arthritis, acute gout, painful shoulder (peritendinitis, capsulitis, bursitis and acute arthritis of that joint), acute superficial thrombophlebitis.
Contraindications: Edema; danger of cardiac decompensation; history or symptoms of peptic ulcer; renal, hepatic or cardiac damage; history of drug allergy; history of blood dyscrasia. The drug should not be given when the patient is senile or when other potent drugs are given concurrently. Large doses of Butazolidin alka are contraindicated in glaucoma.
Warning: If coumarin-type anticoagulants are given simultaneously, watch for excessive increase in prothrombin time. Instances of severe bleeding have occurred. Pyrazole compounds may potentiate the pharmacologic action of sulfonylurea, sulfonamide-type agents and insulin. Carefully observe patients receiving such therapy. Use with great caution in the first trimester of pregnancy.
Precautions: Before prescribing, carefully select patients, avoiding those responsive to routine measures as well as contraindicated patients. Obtain a detailed history and a complete physical and laboratory examination, including a blood count. The patient should not exceed recommended dosage, should be closely supervised and should be warned to discontinue the drug and report immediately if fever, sore throat, or mouth lesions (symptoms of blood dyscrasia); sudden weight gain (water retention); skin reactions; black or tarry stools or other evidence of intestinal hemorrhage occur. Make regular blood counts. Discontinue the drug immediately and institute countermeasures if the white count changes significantly, granulocytes decrease, or immature forms appear. Use greater care in the elderly and in hypertensives.
Adverse Reactions: The most common are nausea, edema and drug rash. Swelling of the ankles or face may be minimized by withholding dietary salt, reduction in dosage or use of diuretics. In elderly patients and in those with hypertension the drug should be discontinued with the appearance of edema. The drug has been associated with peptic ulcer and may reactivate a latent peptic ulcer. The patient should be instructed to take

For 280-lb. tackles—or 108-lb. housewives—Butazolidin alka can hasten recovery from the agonizing pain of shoulder bursitis.

It's not for every patient. Check carefully the Contraindications, Warning and Precautions shown below.

Adverse reactions may occur. The most common are nausea, edema and rash. Rarely, agranulocytosis has been reported. Adverse reactions are listed below.

Play-for-pay or workaday patients—when they come up with shoulder bursitis and your clinical judgment indicates Butazolidin alka—go with it.

And watch the comeback.

doses immediately before or after meals or with milk to minimize gastric upset. Mild drug rashes frequently subside with reduction of dosage. However, rash accompanied by fever or other systemic reactions usually requires withholding medication. Purpuric rash has also been reported. Agranulocytosis, exfoliative dermatitis, Stevens-Johnson syndrome, or a generalized allergic reaction similar to serum sickness may occur and require permanent withdrawal of medication. Stomatitis, salivary gland enlargement, vomiting, vertigo and languor may occur. Leukemia and leukemoid reactions have been reported. While not definitely attributable to the drug, a causal relationship cannot be excluded. Thrombocytopenic purpura and aplastic anemia may occur. Confusional states, agitation, headache, blurred vision, optic neuritis and transient hearing loss have been reported, as have hyperglycemia, hepatitis, jaundice, and several cases of anuria and hematuria. With long-term use, reversible thyroid hyperplasia may occur infrequently. Moderate lowering of the red cell count due to hemodilution may occur.

6509-V(B)R2

Butazolidin® alka

Capsules
100 mg. phenylbutazone
100 mg. dried aluminum hydroxide gel
150 mg. magnesium trisilicate
1.25 mg. homatropine methylbromide

Dosage in painful shoulder: Initial: 3 to 6 capsules daily in 3 or 4 equal doses. Trial period: 1 week. Maintenance dosage should not exceed 4 capsules daily; response is often achieved with 1 or 2 capsules daily.

For complete details, please see full prescribing information.

Geigy Pharmaceuticals
Division of Geigy Chemical Corporation
Ardsley, New York

CALM

anxiety relieved...

Before prescribing, please consult complete product information, a summary of which follows:

Contraindications: Patients with known hypersensitivity to the drug.

Warnings: Caution patients about possible combined effects with alcohol and other CNS depressants. As with all CNS-acting drugs, caution patients against hazardous occupations requiring complete mental alertness (*e.g.,* operating machinery, driving). Though physical and psychological dependence have rarely been reported on recommended doses, use caution in administering to addiction-prone individuals or those who might increase dosage; withdrawal symptoms (including convulsions), following discontinuation of the drug and similar to those seen with barbiturates, have been reported. Use of any drug in pregnancy, lactation, or in women of childbearing age requires that its potential benefits be weighed against its possible hazards.

Precautions: In the elderly and debilitated, and in children over six, limit to smallest effective dosage (initially 10 mg or less per day) to preclude ataxia or oversedation, increasing gradually as needed and tolerated. Not recommended in children under six. Though generally not recommended, if combination therapy with other psychotropics seems indicated, carefully consider individual pharmacologic effects, particularly in use of potentiating drugs such as MAO inhibitors and phenothiazines. Observe usual precautions in presence of impaired renal or hepatic function. Paradoxical reactions (*e.g.,* excitement, stimulation and acute rage) have been reported in psychiatric patients and hyperactive aggressive children Employ usual precautions in treatment of anxiety states with evidence of impending depression; suicidal tendencies may be present and protective measures necessary. Variable effects on blood coagulation have been reported very rarely in patients receiving the drug and oral anticoagulants; causal relationship has not been established clinically.

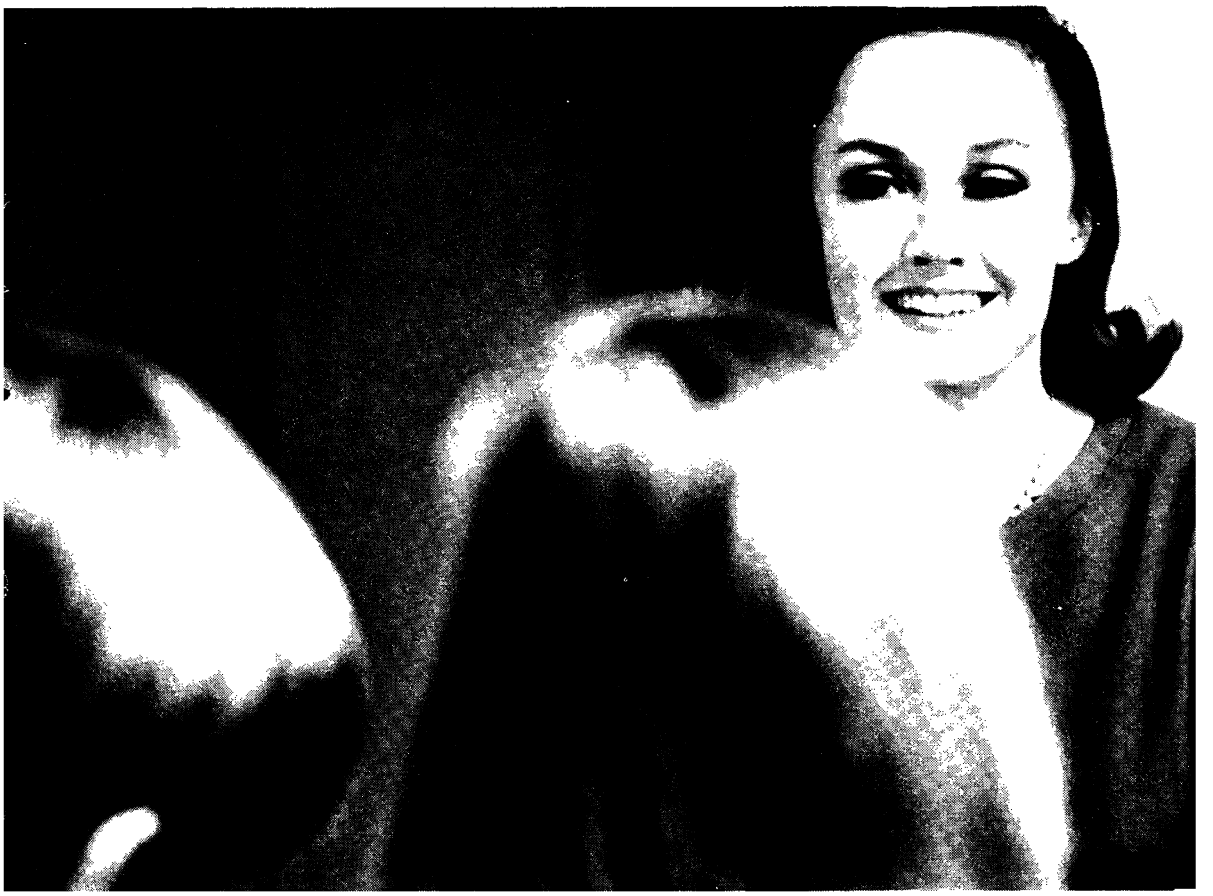
Adverse Reactions: Drowsiness, ataxia and confusion may occur, especially in the elderly and debilitated. These are reversible in most instances by proper dosage adjustment, but are also occasionally observed at the lower dosage ranges. In a few instances syncope has been reported. Also encountered are isolated instances of skin eruptions, edema, minor menstrual irregularities, nausea and constipation, extrapyramidal symptoms, increased and decreased libido – all infrequent and generally controlled with dosage reduction; changes in EEG patterns (low-voltage fast activity) may appear during and after treatment; blood dyscrasias (including agranulocytosis), jaundice and hepatic dysfunction have been reported occasionally, making periodic blood counts and liver-function tests advisable during protracted therapy.

Usual Daily Dosage: Individualize for maximum beneficial effects. Oral – Adults: Mild and moderate anxiety and tension, 5 or 10 mg t.i.d. or q.i.d.; severe states, 20 or 25 mg t.i.d. or q.i.d. Geriatric patients: 5 mg b.i.d. to q.i.d. (See Precautions.)

Supplied: Librium® (chlordiazepoxide HCl) Capsules, 5 mg, 10 mg and 25 mg—bottles of 50. Libritabs™ (chlordiazepoxide) Tablets, 5 mg, 10 mg and 25 mg—bottles of 100. With respect to clinical activity, capsules and tablets are indistinguishable.

AND CLEAR

without excessive dulling



Excessive anxiety can be an oppressive burden to the wife and mother as well as to the working man, interfering with her ability to concentrate upon the never-ending details of her daily activities and responsibilities.

For any excessively anxious individual who must constantly meet the demands of domestic or business life, Librium (chlordiazepoxide HCl) can provide dependable calming action. At the same time, Librium (chlordiazepoxide HCl), on proper maintenance dosage, does not interfere unduly with mental acuity and physical coordination, both prerequisites for adequate performance at home or on the job.

for relief of anxiety

Librium®

(chlordiazepoxide HCl)

5-mg, 10-mg, 25-mg Capsules

also available:

LIBRITABS™

(chlordiazepoxide)

5-mg, 10-mg, 25-mg Tablets

ROCHE

ROCHE LABORATORIES
Division of Hoffmann-La Roche Inc.
Nutley, N.J. 07110

"Yes, Doctor, the pain is gone."

'EMPIRIN'® COMPOUND with CODEINE PHOSPHATE gr. 1/2 No. 3

Each tablet contains: Codeine Phosphate gr. ½ (Warning–May be habit forming), Phenacetin gr. 2½, Aspirin gr. 3½, Caffeine gr. ½.

■ Despite introduction of synthetic substitutes, efficacy of 'Empirin' Compound with Codeine remains unchallenged.

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like a daily dose of medication for peanuts
like generally well-tolerated therapy

...give them a little
one tablet daily

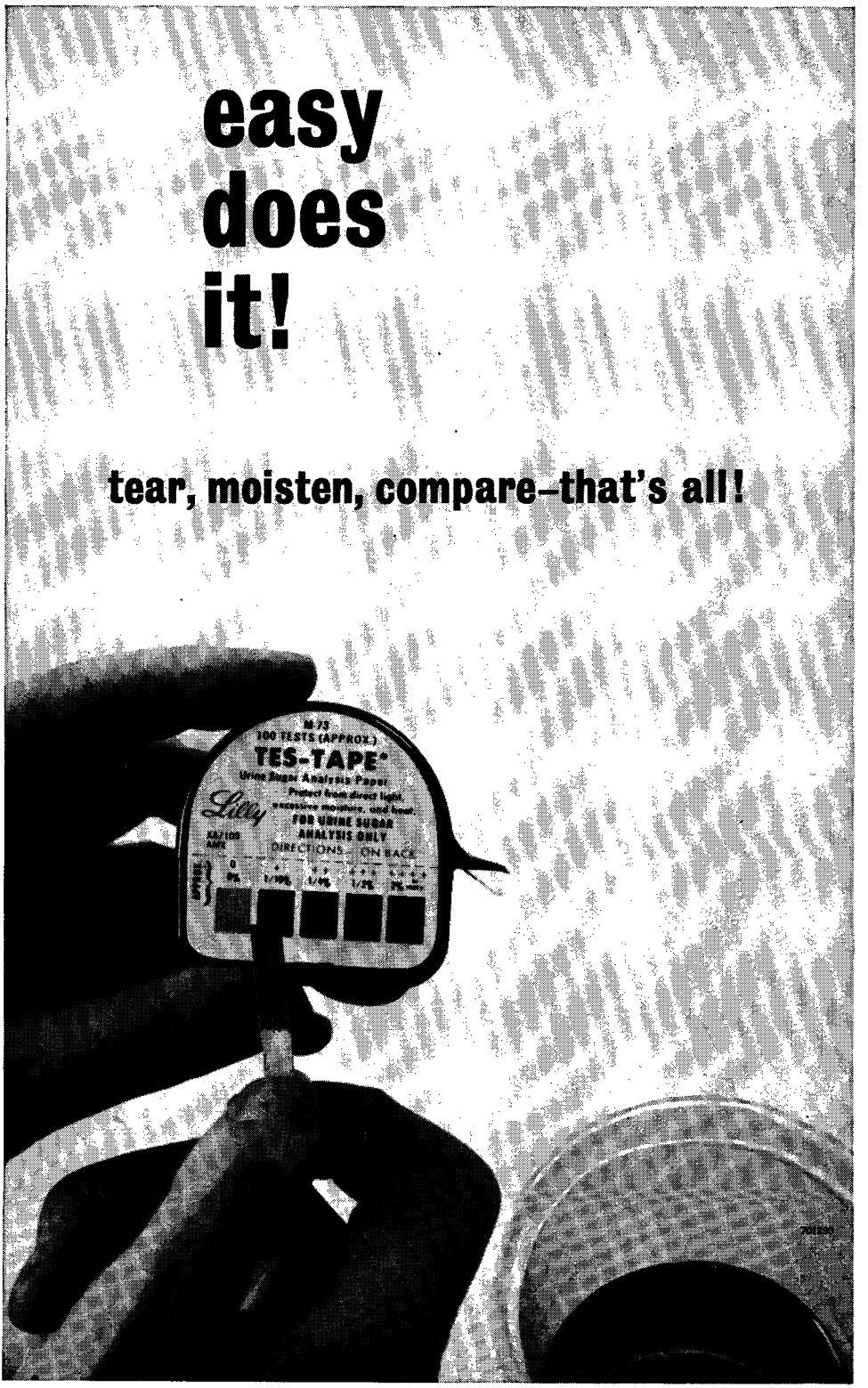
Regroton®

chlorthalidone 50 mg., reserpine 0.25 mg.

Indications: Hypertension. **Contraindications:** History of mental depression, hypersensitivity, and most cases of severe renal or hepatic diseases. **Warning:** With the administration of enteric-coated potassium supplements, which should be used only when adequate dietary supplementation is not practical, the possibility of small bowel lesions (obstruction, hemorrhage, and perforation) should be kept in mind. Surgery for these lesions has frequently been required and deaths have occurred. Discontinue coated potassium-containing formulations immediately if abdominal pain, distention, nausea, vomiting, or gastrointestinal bleeding occur. Use cautiously during pregnancy since adverse reactions (thrombocytopenia, hyperbilirubinemia, altered carbohydrate metabolism, etc.) are potential problems in the newborn. Discontinue 2 weeks before general anesthesia, 1 week before electroshock therapy, and if depression or peptic ulcer occurs. **Precautions:** Antihypertensive therapy with Regroton should always be initiated cautiously in postsympathectomy patients and in patients receiving ganglionic blocking agents, other potent antihypertensive drugs, or curare. Reduce dosage of concomitant antihypertensive agents by at least one-half. Because of the possibility of progression of renal damage, periodic kidney function tests are indicated. Discontinue if the BUN rises or liver dysfunction is aggravated. Hepatic coma may be precipitated. Electrolyte imbalance, sodium and/or potassium depletion may occur. If potassium depletion should occur during therapy, Regroton should be discontinued and potassium supplements given, provided the patient does not have marked oliguria. Take particular care in cirrhosis or severe ischemic heart disease and in patients receiving corticosteroids, ACTH, or digitalis. Salt restriction is not recommended. Biliary colic may be precipitated (in patients with gallstones) and bronchial asthma may occur in susceptible patients. **Adverse Reactions:** The drug is generally well tolerated. The most frequent side effects are nausea, gastric irritation, vomiting, diarrhea, constipation, muscle cramps, headache, dizziness and acute gout. Other potential side effects include angina pectoris, anxiety, depression, bradycardia and ectopic cardiac rhythms (especially when used with digitalis), drowsiness, dull sensorium, hyperglycemia, hyperuricemia, lassitude, restlessness, transient myopia, impotence or dysuria, orthostatic hypotension which may be potentiated when chlorthalidone is combined with alcohol, barbiturates or narcotics, leukopenia, aplastic anemia, skin rashes, thrombocytopenia, agranulocytosis, nasal stuffiness, increased gastric secretions, nightmare, purpura, urticaria, ecchymosis, weakness, uveitis, optic atrophy and glaucoma, and pruritus. Eruptions and/or flushing of the skin, a reversible paralysis agitans-like syndrome, increased susceptibility to colds, dyspnea, weight gain, decreased libido, dryness of the mouth, deafness, anorexia, and pancreatitis when epigastric pain or unexplained G.I. symptoms develop after prolonged administration. Jaundice, xanthopsia, paresthesia, photosensitization and necrotizing angiitis are possible. **Average Dosage:** One tablet daily with breakfast. **Availability:** Pink, single-scored tablets in bottles of 100 and 1000. (B) 46-600-A
For details, please see complete Prescribing Information.

Geigy Pharmaceuticals, Division of
Geigy Chemical Corporation, Ardsley, N. Y.

Geigy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You may be prescribing Hygroton®, chlorthalidone

but you don't know the half of it.

New Hygroton 50 mg.

For a clinical supply, please mail us this coupon with one of your prescription blanks.

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Division of
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Ardsley, New York 10502

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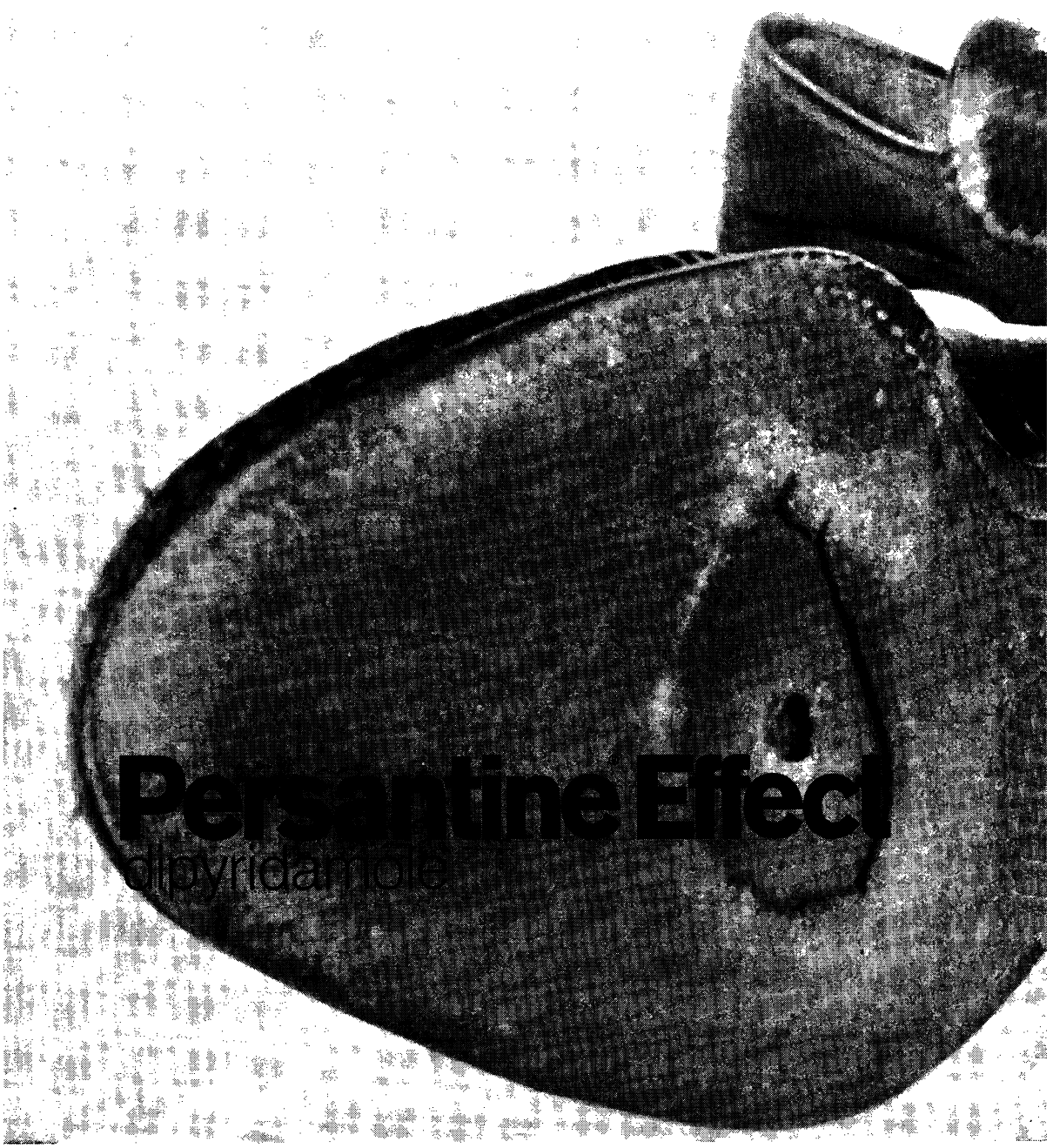


Geigy Pharmaceuticals
Division of
Geigy Chemical Corporation
Ardsley, New York

Persantine®, dipyridamole

Long-term therapy
of chronic angina pectoris.

Therapeutic Effects

Persantine may eliminate or reduce the frequency of anginal attacks, improve exercise tolerance, and reduce nitroglycerin requirements. It is not intended to abort an acute anginal attack.

Pharmacologic Effects

In humans, Persantine increases coronary artery blood flow. Animal experiments show increased collateral coronary circulation and the preservation of mitochondrial structure and ATP levels in the hypoxic myocardial cell.

Contraindications, Precautions, Adverse Reactions

No specific contraindications are known. Since excessive doses can produce peripheral vasodilation, the drug should be used cautiously in patients with hypotension. Instances of headache, dizziness, nausea, flushing, weakness or syncope, mild gastrointestinal distress and skin rash have been reported, as have rare cases of apparent aggravation of angina pectoris.

Geigy

Not many anginal patients wear out their shoes walking. Persantine can often increase walking distance by decreasing anginal attacks. For optimal results:

1. Give enough (2 Persantine tablets t.i.d., at least 1 hour before meals)
2. Long enough (several weeks or longer)

Adverse reactions are minimal and transient. They include headache, dizziness, nausea, flushing, weakness or syncope, mild G.I. distress, skin rash, and aggravation of angina pectoris. There are no contraindications as such; however, the drug should be used with caution in hypotensive patients.

Persantine won't work for every patient—no antianginal drug is completely effective. But for most anginal patients, life can become more active and livable with long-term Persantine therapy.

Dosage
Fifty mg. (2 tablets) 3 times daily at least 1 hour before meals. In some cases, higher doses may be necessary. Clinical response may not be evident before the second or third month of continuous therapy.
Availability
Tablets of 25 mg.
6540-III(A)R
Under license from
Boehringer Ingelheim G.m.b.H.

For complete details, please refer to full Prescribing Information.

PE-40188

Figures show that the best combination for weight control is

YOUR SUPERVISION
OBEDRIN®-LA
OBEDRIN MENU PLAN

A slim figure is the glamour goal of most women. In your practice, though, you undoubtedly see many women and men who should lose weight for fundamental health reasons. Your professional guidance plus Obedrin-*LA* and the Obedrin Menu Plan can help keep patients on your program longer. One tablet taken daily trickle-releases medication in a balanced ratio to curb appetite and sustain mood. Write for a free supply of the Obedrin 1000 Calorie Menu Plan.

DOSAGE: OBEDRIN-*LA*—1 daily, usually at 10 a.m. OBEDRIN Tablets and Capsules—1 tablet or capsule at 10 a.m. and 3 p.m. If necessary to suppress late evening hunger, another tablet or capsule may be taken at 8 p.m. OBEDRIN tablets are grooved so a half tablet can be taken if it is found sufficient for appetite control.

SUPPLY: OBEDRIN-*LA*—Tablets, two-layer in bottles of 50 and 250. OBEDRIN—Tablets in bottles of 100, 500 and 1000: Capsules in bottles of 100 and 1000.

Caution: Federal law prohibits dispensing without prescription.

CAUTION: Should not be given concurrently with monoamine oxidase inhibitors. It should be used with caution in patients having a sensitivity to sympathomimetic compounds or barbiturates and in cases of coronary or cardiovascular disease or severe hypertension. Excessive use of amphetamines by unstable individuals has been reported to result in a psychological dependence. In such instances, withdrawal of the medication is necessary. All medication should be used with caution in pregnant patients, especially in the first trimester.

SIDE EFFECTS: Insomnia, excitability, nervousness may occur if dosage is excessive. These occur infrequently and are mild with the recommended dosage.

"Trickle-Release" Tablets

Obedrin®-LA

Each tablet contains: Methamphetamine HCl, 12.5 mg.; Pentobarbital, 50 mg. (Barbituric Acid derivative; Warning: May be habit forming); Ascorbic Acid, 200 mg.; Thiamine Mononitrate, 1 mg.; Riboflavin, 2 mg.; Niacin, 10 mg.

Obedrin®

Tablets and Capsules

Each tablet or capsule contains: Methamphetamine HCl, 5 mg.; Pentobarbital, 20 mg. (Barbituric Acid derivative; Warning: May be habit forming); Ascorbic Acid, 100 mg.; Thiamine Mononitrate 0.5 mg.; Riboflavin, 1 mg.; Niacin, 5 mg.

MASSENGILL

The S.E. Massengill Company • Bristol, Tenn.
New York • Chicago • Dallas • San Francisco

Tears without grief

Crying Spells... psychic tension with depressive symptoms?
"I don't know what's the matter with me lately... I cry and I cry... and I really don't know why I do."

A woman often is not conscious of the real reasons for her crying spells or refuses to admit them to herself. On probing you may find that frequent weeping, like insomnia or neurotic fatigue, often is an expression of psychic tension.

She needs sympathy and reassurance, and perhaps a calming agent to help her over her crisis. Consider prescribing Valium (diazepam) for her. It usually reestablishes calmness promptly. Crying spells and other secondary depressive symptoms normally subside as the tension is relieved. Your patient then can cope more easily with the stresses to which she is subjected.

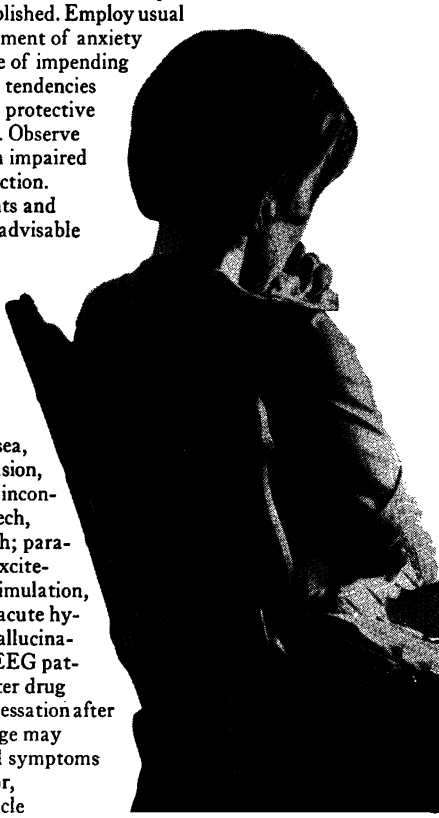
Valium (diazepam) is generally well tolerated, and on proper maintenance dosage usually does not impair mental acuity or ability to function. If side effects such as ataxia and drowsiness occur, they usually disappear with dosage adjustment.

Before prescribing, please consult complete product information, a summary of which follows:

Contraindications: Infants, patients with history of convulsive disorders, glaucoma or known hypersensitivity to drug.

Warning: Not of value in the treatment of psychotic patients, and should not be employed in lieu of appropriate treatment.

Precautions: Limit dosage to smallest effective amount in elderly or debilitated patients (not more than 1 mg, one or two times daily initially) to preclude ataxia or oversedation, increasing gradually as needed or tolerated. As is true of all CNS-acting drugs, until correct maintenance dosage is established, advise patients against possibly hazardous procedures requiring complete mental alertness or physical coordination. Driving during therapy not recommended. In general, concurrent use with other psychotropic agents is not recommended. If such combination therapy is used, carefully consider individual pharmacologic effects—particularly with known compounds which may potentiate action of Valium (diazepam), such as phenothiazines, barbiturates, MAO inhibitors and other antidepressants. Advise patients against simultaneous ingestion of alcohol or other CNS depressants. Safe use in pregnancy not established. Employ usual precautions in treatment of anxiety states with evidence of impending depression; suicidal tendencies may be present and protective measures necessary. Observe usual precautions in impaired renal or hepatic function. Periodic blood counts and liver function tests advisable in long-term use. Cease therapy gradually.

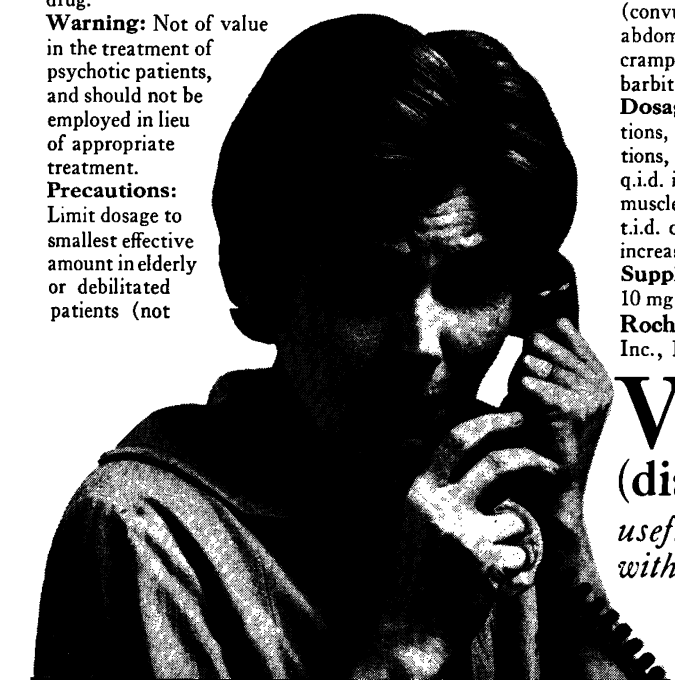


Side Effects: Side effects (usually dose-related) are fatigue, drowsiness and ataxia. Also reported: mild nausea, dizziness, blurred vision, diplopia, headache, incontinence, slurred speech, tremor and skin rash; paradoxical reactions (excitement, depression, stimulation, sleep disturbances, acute hyperexcited states, hallucinations); changes in EEG patterns during and after drug treatment. Abrupt cessation after prolonged overdosage may produce withdrawal symptoms (convulsions, tremor, abdominal and muscle cramps, vomiting, sweating) similar to those seen with barbiturates, meprobamate and chlordiazepoxide HCl.

Dosage—*Adults:* Mild to moderate psychoneurotic reactions, 2 to 5 mg b.i.d. or t.i.d.; severe psychoneurotic reactions, 5 to 10 mg t.i.d. or q.i.d.; alcoholism, 10 mg t.i.d. or q.i.d. in first 24 hours, then 5 mg t.i.d. or q.i.d. as needed; muscle spasm with cerebral palsy or athetosis, 2 to 10 mg t.i.d. or q.i.d. *Geriatric patients:* 1 or 2 mg/day initially, increase gradually as needed and tolerated. (See Precautions)

Supplied: Valium® (diazepam) Tablets, 2 mg, 5 mg and 10 mg; bottles of 50 and 500.

Roche Laboratories, Division of Hoffmann-La Roche Inc., Nutley, N.J. 07110



Valium®
(diazepam) Roche®

ROCHE

useful for the relief of psychic tension with associated depressive symptoms